

VERNON H. MARK, M.D.
MASSACHUSETTS GENERAL HOSPITAL
BOSTON 14, MASSACHUSETTS

NEUROLOGICAL SURGERY
BY APPOINTMENT

LAFAYETTE 3-8200

February 3, 1959

Miss Ruth Sleeper
Director of Nursing
Massachusetts General Hospital

FEB - 4 1959

Dear Miss Sleeper:

Dr. White was kind enough to forward your letter to me in regard to order writing by non-professional people. I quite agree with you. Orders should be given only by the credited physicians of this hospital, not only in the legal sense, but also because of the moral responsibility assumed by writing any order connected with an ill patient. We have taken appropriate steps to see that there is not a repetition of this unfortunate circumstance.

Thank you again for your letter in this matter.

Sincerely yours,

Vernon H. Mark
Vernon H. Mark, M.D.

VHM/smm

HARVARD MEDICAL SCHOOL

Department of Surgery

Massachusetts General Hospital

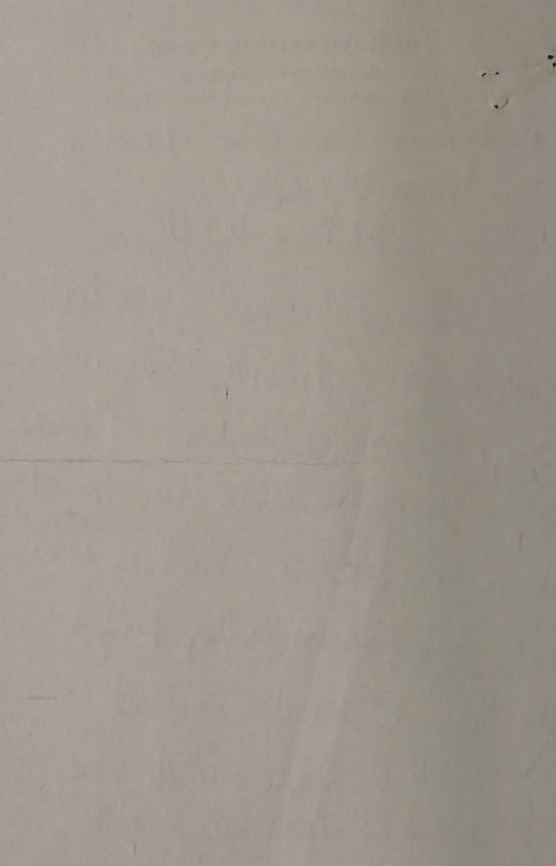
Memorandum

DATE: 1/29

To: Miss Pleefer

FROM: James White

I have turned your letter over to Dr V. Mark, with whom Mr Eastman works. You are quite correct that he should write no orders. He has been very helpful in getting pts to the lab + I have asked Dr Mark to discuss with you just what he is permitted to do.



1180 BEACON STREET
BROOKLINE 46, MASSACHUSETTS

ROBERT R. LINTON, M. D.

April 27, 1959

Miss Ruth Sleeper
Director of the School of Nursing and Nursing Service
Massachusetts General Hospital
Boston 14, Massachusetts

APR 30 1959

Dear Miss Sleeper:

Your recent letter of April 22 has just been received in reference to Mrs. Hull. It leaves me in a considerable quandary as to how to answer it. I am not sure whether you realize that I have been working at the Massachusetts General Hospital now for thirty-three years, and to get such a letter was surprising to say the least. It does, however, almost open the floodgates for me to tell you what I think is wrong with the nursing profession today.

I would like to point out first that there was no coercion on my part in regard to Mrs. Hull making the decision to be my scrub nurse. Furthermore, as I look over the scrub nurses who are helping the various surgeons at our hospital, almost all of them without exception have been taken from the operating rooms of our hospital, so I feel certain that I am not setting a precedent.

I am not in agreement with you when you state that it is more difficult to train a circulating nurse in the Baker Operating Room than it is to train a good scrub nurse for a surgeon. The duties of a circulating nurse certainly do not demand the attention, detail, anticipation and the cooperation that is necessary of a good scrub nurse.

It is now over two years since I have had my own scrub nurse and the reason has been that I have not been able to find one, who I thought would satisfy me, until Mrs. Hull showed interest in being my nurse.

I am not sure whether you realize that many of my patients' lives are at stake on the operating room table, sometimes for eight, ten or twelve hours, at a time and I can assure you that when the scrub nurses have to change shifts during these procedures, it is most disturbing to the surgeons and certainly does not work for the best for the patient who is lying asleep on the operating table with full confidence that the surgeon is doing the best he can for him.

I have often wished that there was more "esprit de corps" amongst our operating room nurses. It has always been distressing to me to see how little instruction the new scrub nurse is given by the older ones, who have been around and should know the various surgeons' routine. I well remember one of my patients who died as the result of one of the hospital scrub nurses failing to put heparin into a solution which was so necessary for the success of that particular operation. We found it at the end of the operation sitting on the shelf in

April 27, 1959

the operating room, and as a result the patient succumbed a few days after the operation. It certainly does not take many experiences such as this to realize that one must have personnel that can be trusted to do what they are supposed to do in the operating room.

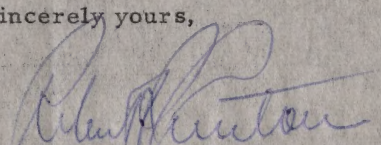
I have often wondered whether the hospital administration recognizes the fact that when I employ my own scrub nurse, it is relieving the hospital of the financial obligation of paying for a scrub nurse to help me in the operating room. I would think, therefore, they would look with considerable favor on we doctors who have our own nurses, since this relieves the hospital of many thousands of dollars each year. I have often thought that my patients and those of the doctors who have their own scrub nurses actually should get a deduction in their operating room charges, if one were going to be fair about it, and I do not think that this has ever been considered.

I understand also that a substitute has already been found for Mrs. Hull in the operating room, and I believe she is a girl who deserves some recognition.

Finally, I have often wondered what happens to the nurses who graduate from the Massachusetts General Hospital Training School. Certainly the majority of them do not stay on and work in our institution. I think I have pointed it out before that most of the doctors we train would prefer to stay on if we had places for them, whereas the majority of the nurses are off, I suppose, to greener pastures. It seems to me, therefore, there should be some way to entice them to stay on since, in that way, they should be able to help out in such situations as this.

I would be glad to discuss this further with you, if you should desire.

Sincerely yours,



Robert R. Linton, M. D.

RRL:eh

cc - Dr. Clark
Dr. Donaldson
Dr. Neumann

May 7, 1959

Robert R. Linton, M. D.
1180 Beacon St.
Brookline 46, Mass.

Dear Dr. Linton:

First may I say how much I would welcome a visit from you? In the past when you have written to Dr. Clark, or spoken to the Administration about Nursing, I have wished very much that you would also speak or write to me, so that I could better understand and interpret your problem to the nurses.

I shall be available to match time with you more easily after the 27th of May, but if an earlier date is better please let me try to fit a conference in at the best possible hour for us both.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

WALTHAM

UNION

WALTHAM, MASS.
JANUARY 1, 1881

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 29th inst. in relation to the matter of the proposed extension of the Waltham Union. I am sorry to hear that you are not satisfied with the result of the vote. I am sure, however, that the Union is in a position to meet the requirements of the law, and that the extension is not necessary. I am sure that the Union will be able to meet the requirements of the law, and that the extension is not necessary.

Sincerely,
W. H. Waltham

W. H. Waltham
Waltham, Mass.

W. H. Waltham

April 22, 1959

Robert R. Linton, M. D.
1180 Beacon St.
Brookline, Mass.

Dear Dr. Linton:

It has come to my attention that you have asked our Mrs. Hull, assistant operating room supervisor in the Baker, to become your scrub nurse.

We recently assigned Mrs. Hull and three other nurses as assistant supervisors to help improve the service to patients and to all surgeons in the Baker Operating Room. From all information that has come to me from doctors and others I am convinced that the reorganization has already had considerable beneficial effect.

As you undoubtedly know it takes far longer to prepare a nurse for responsibility involving a number of different surgeons than it takes one surgeon to train a scrub nurse. This is the time of year when it is extremely difficult to secure nurses to fill vacancies, and we have little hope of replacing Mrs. Hull until fall.

You know, I believe, that the loss of Mrs. Hull will seriously impair the competency of the Baker Operating Room staff, and that this is an example of a situation beyond Nursing's control which results in such free criticism of the Nursing Service in this Hospital, and makes improvements impossible to maintain.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

c.c. Dr. Clark
Dr. Donaldson
Dr. Neumann

Dear Dr. Linton:

It has come to my attention

~~I am told~~ that you have asked our

Mrs. Hull, assistant operating room supervisor
in Baker, to become your scrub nurse -

We ^{recently} assigned Mrs. Hull and three other
nurses as assistant supervisors to help improve the service
to patients and to all surgeons in the Baker
Operating Room. ~~From all that has come to me from doctors and all~~
~~that the~~ ^{I am convinced}
reorganization ^{has already} had considerable beneficial

effect, ~~already~~

As you undoubtedly know

it takes far longer to prepare a nurse
for responsibility involving a number of
different surgeons than it takes one surgeon
to train a scrub nurse. This is the time
of year when it is extremely difficult to
secure nurses to fill vacancies, and we have
little hope of replacing Mrs. Hull until fall

You should ^{believe}

I want you to know that the loss of

Mrs. Hull will seriously impair the competency
of the Baker operating room, ^{and} that this is
an example of a situation beyond ^{nursing's} control
which results in such free criticism of the
nursing service ^{in this hospital} and prevents ~~the maintenance of~~
~~improvement~~

makes improvements impossible
to maintain.

Dr. Clark

Dr. Donaldson

Dr. Newman

August 10, 1959

Ellsworth T. Neumann
Administrator
Massachusetts General Hospital

Dear Dr. Neumann:

May I ask again what the possibilities are for a floor kitchen in the Walcott House? We had wanted very much to have two, one for the graduate use on the second floor, and one for student use on the fourth floor. We are most appreciative of the Tea Kitchen which was built into the living room last year, and we also realize that we cannot have more than our share of expense each year.

Would it be possible for the Committee this year to consider adding one more for the graduate nurses on the second floor at Walcott? The kitchen which is in the basement of Walcott House is crowded beyond the limits of good interpersonal relationships. There is much feeling that the "old timers" have that kitchen and that the new graduates coming to Walcott House have no place to cook or to eat. This year we could spare a room on the second floor of Walcott House. We shall need to have more graduates there if we are to let a reasonable proportion of seniors live in Bartlett. If we had a kitchen on Walcott House second floor then Walcott would be as happy a place to live as is Bartlett for either the graduate nurse or the licensed practical nurse. We should be very grateful if the Committee could make such a kitchen possible for us. There is a good stove at 4 North Grove which could be used, and possibly the refrigerator is usable. It is old, but I understand that it was in working condition when the house was closed.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

AUG 20 1959

HARVARD MEDICAL SCHOOL
MASSACHUSETTS GENERAL HOSPITAL

WALTER BAUER, M.D.
Jackson Professor of Clinical Medicine
Chief of Medical Services

MEDICAL SERVICES
Massachusetts General Hospital
Boston 14, Massachusetts

August 19, 1959

Miss Ruth Sleeper, Director
School of Nursing and Nursing Service
Massachusetts General Hospital

Dear Miss Sleeper:

On behalf of Doctors Chester Jones, Holly Smith, and myself I would like to thank you and the members of your service for the kind cooperation which you have given us re the use of your mimeograph machine. As Dr. Smith explained when, on June 9, 1959, he asked your permission to use the Thayer Building machine, our annual Postgraduate Course has blossomed into a first-rate, widely applauded review of the current status of internal medicine. With its growing prestige has come a simultaneous increase in the amount of printed material submitted by the lecturers throughout the six-week course as lecture outlines and supplements. Since this course occurs only once during the year and since the bulk of material to be reproduced has not yet become stabilized to a definite, foreseeable number of pages, we have not felt authorized to invest in our own A.B. Dick mimeograph machine. Consequently, we have had to rely upon the generosity and cooperation of such groups as your Nursing Service.

Our secretary^x working for the course has received a warm and helpful reception from the members of your service who are located in Thayer 1. Mrs. McLeod and Mrs. Kull have been of immense assistance in teaching her the mechanics of the machine, providing storage space, and keeping a time schedule to avoid overlaps among the users of the machine. Miss Perkins, Miss Doyle and all the others have made her heavy task lighter by their continuing friendliness and encouragement. We recognize that as the time approaches for the beginning of your fall term, the machine will be in ever greater demand. In view of your telephone call of yesterday afternoon, we will somehow make other arrangements for the completion of our project.

We want you to know, however, that we greatly appreciate the kind generosity with which we have been welcomed thus far. We sincerely feel that it would be unfortunate for our long, pleasant cooperation to be marred so near its natural close by any misunderstanding of the importance of your assistance to us.

With most sincere personal regards,

^x
Miss Mary Hunt.

As ever,
Walter Bauer
Walter Bauer, M.D.

NURSING DEPARTMENT

August 20, 1959

Dr. Walter Bauer

Miss Sleeper

Of course we do not want to be selfish with our equipment, but we were this week in a very serious situation because the secretary could not get to the machine and she is leaving at the end of this week on a vacation. Thus we were not to have materials which were needed for classes next week, August 24.

When the call was made, no one had any idea of the quantity of work which had to be run through. Had we known this, we would have made some plan to space the use of the machine to avoid emergencies in our situation as well as in yours. If Dr. Smith had asked me instead of one of the instructors, I probably would have been less generous. We have asked all other departments not to plan to use this machine because we keep it so extremely busy. This does not mean, as I said, that we do not want to be generous, but we find it very difficult when we have bought a machine especially for our own use which runs not quite eight hours a day, but almost five days a week, when the machine has to be shared. In fact, to tell you the truth, Nursing has two machines and both of them are equally busy.

It really would help very much if my office could be called because I have a little better overall recognition of the demands on the two machines. If I could know how much more time, approximately, might be needed, we would be glad to try to help you complete this project. There should be time enough to get the material done.

We ourselves often have to make paper plates because the machines are tied up when we need them. Since your material is all now in stencil form, this would be ridiculous. Perhaps you will have your secretary call me to know what we could work out.

RS/LL

COPY

OCT 3 1959

October 1, 1959

Dr. Ellsworth T. Neumann
Massachusetts General Hospital

Dear Dr. Neumann:

I have gone over the hospital service problems related to dermatological patient care in the Massachusetts General Hospital. In my original letter to Dr. Berry I indicated that it is quite necessary that we have a given area of the hospital assigned to the care of skin patients. The reasons for this are obvious to you, but, as you know, particularly related to the question of specialized nursing care and bathing facilities. I have not wanted to make specific recommendations until I had a chance to assess the needs for the hospital Dermatology Service. It is obvious that during the past five years there has been a decrease in the admission of patients with skin disease. This decrease could be part of the national trend in this direction but also may represent other unknown factors, such as a lack of enthusiasm on the part of the staff to hospitalize patients.

It is apparent in going over the present hospital Dermatology Service that there is need for some revision in personnel, space, and equipment. I will discuss these separately:

1. Space and Equipment. It would appear from the present demands that it will be desirable to make the south wing of White 6 into a dermatological unit. This will include the proposed plans which I have approved for installation of male and female baths as well as modifications in the treatment room. In addition, I would recommend that some sort of swinging doors be placed at the entrance of the wing of White 6 and that this area be labeled as the Dermatological Unit (the name to be decided later). If there is some objection to this type of thing on a ward, I have no particular objection as long as the doors are installed and the thing is spiritually a unit if not in name. In this dermatological unit we will require a hot quartz mercury vapor ultraviolet lamp, preferably the large Hanovia therapeutic lamp. I had planned that this would be placed in the treatment room and that the ultraviolet therapy be under the direction of the chief nurse or one of her students. I have discussed this question of treating skin

October 1, 1959

patients with ultraviolet light with Dr. Watkins, and he has agreed that we will be able to carry on our own ultraviolet therapy. If the population of the dermatological unit exceeds the facilities of the south wing, we would plan to expand into the west wing of White 8. There was considerable discussion about the feasibility of hospitalizing private skin patients on White 8, and it was decided that for the present it would be more satisfactory to hospitalize private patients in one area in the Baker Memorial, preferably Baker 5, so that the nursing staff could be oriented in the special techniques of dermatologic care.

The available laboratory facilities on White 8 are satisfactory, but the laboratory is not well equipped, and we will provide the required equipment from departmental funds and maintain the laboratory except for housekeeping. It would be desirable, however, if the hospital could paint the laboratory on White 8.

2. Personnel. It is essential that we have a nurse assigned to dermatology and that a training program in dermatologic nursing be re-established by the nursing school. I understand that this training program was in existence at one time, and it was very well done. I would be very happy to discuss this with the nursing school and give assistance in the planning and execution of such a training course. In every institution with which I have been associated I have found in existence a very active course in dermatology for nurses.

In the next several weeks I plan to take over the hospital service myself and will possibly make other recommendations at this time and therefore this brief summary can be considered preliminary.

I want you to know that I am fully aware of the economic problems of running a large hospital and the undesirability of having empty beds, but I feel that we should be able to keep the south wing of White 8 at full capacity. At the University of Oregon I had some difficulty in convincing the hospital administrators that dermatological patients should be placed in a unit since they have the same problems you do of keeping beds filled, but after four years I was able to show them that it was practical to hospitalize dermatological patients in one section, and they now have tub facilities and twelve beds assigned to dermatology and a nursing staff trained in dermatology.

I am enclosing a copy of the Recommendations of Standards and Minimum Requirements for a Service of Dermatology in a Teaching Hospital.

Sincerely yours,

Thomas B. Fitzpatrick
Thomas B. Fitzpatrick, M. D.
Chief of the Dermatology Service

TBF:R

Enclosure

Copies to: Miss Ruth Sleeper
Miss Dunn
Dr. Maurice N. Tolman

HARVARD MEDICAL SCHOOL
MASSACHUSETTS GENERAL HOSPITAL

Ward ✓
1

WALTER BAUER, M.D.
Jackson Professor of Clinical Medicine
Chief of Medical Services

MEDICAL SERVICES
Massachusetts General Hospital
Boston 14, Massachusetts

October 6, 1959

Miss Ruth Sleeper
M. G. H.

OCT 8 1959

Dear Miss Sleeper:

At a meeting of the Unit Chiefs on September 30, 1959, the questions you raised about the type of problems to be studied on Ward 4 were discussed, and it was generally agreed that brief studies on ambulatory patients constituted a proper use of the ward. A canvass of various doctors involved, revealed that only three (Leaf, Forbes, and Isselbacher) were likely to use Ward 4 in this fashion and that the number of such studies was not very large. Furthermore, the prospective number of patients on Ward 4 seems similarly small.

So that no unexpected burden will be thrown on the nursing staff notification of such ambulatory studies will be given well in advance. If the patient load on Ward 4 is too large at the time of the contemplated study, this may be postponed to a more suitable time. All of us agree that such studies must not interfere with the customary running of the ward. If at any time you feel that this type of study is getting too numerous, or that the privilege is being abused, I would like to be notified.

Very sincerely yours,

Walter Bauer, M.D.

Walter Bauer, M.D.

WB/ng
cc: Miss Grady

October 21, 1959

Thomas B. Fitzpatrick, M. D.
Chief of the Dermatology Service
Massachusetts General Hospital
Boston 14, Mass.

Dear Dr. Fitzpatrick:

The copy of your letter to Dr. Neumann relative to the changes planned in the Dermatology Service is, of course, of tremendous interest to us, both in the Nursing Service and in the School of Nursing. For so many years now there have been too few patients in the house to make the Dermatology Service a possible teaching service. We have, therefore, revamped our program, teaching Dermatology but not through practice.

I am to be away until October 29th. After that time I should be happy indeed if you would let me know when we might talk about your plans for Dermatology, and how you see Nursing working with you.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

February 3, 1960

Mr. Joseph Prekup
Assistant Director
McLean Hospital
Waverley, Mass.

Dear Mr. Prekup:

May I make a suggestion relative to the call list to be used in the event of fire?

First, on the sheet "FOR HOURS 8 A.M. TO 5 P.M. DAILY EXCEPT SATURDAY, SUNDAYS, HOLIDAYS." On Call List #2, since this is a day call list, would you please substitute for the second item, 880 Director of Nursing (room), 104 Associate Director of Nurses, removing her from the Call List #3. This is to be sure that either my office or hers receives the first call. It would be improbable that I would be found during the day, 8-5, in my room. It would be quite necessary that if I were not in the office the Associate's office be notified.

Then, on the yellow sheet "FOR HOURS 5 P.M. TO 8 A.M. DAILY AND SATURDAY, SUNDAY AND HOLIDAYS." On Call List #1, for the Central Nursing Office could we substitute Supervisor via the Pagemaster? This office is not always open or covered after five, and it is not consistently covered on week-ends and holidays. There would, however, always be a supervisor available quickly via the Pagemaster.

I would appreciate having these changes made, since we did not have time to talk with you prior to the issuance of the material. It is urgent I think that these changes are made.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

1892

Please ask me
ps

HARVARD MEDICAL SCHOOL

MASSACHUSETTS GENERAL HOSPITAL

HENRY K. BEECHER, M.D.

Dorr Professor of Research in Anaesthesia



DEPARTMENT OF ANAESTHESIA

*Massachusetts General Hospital
Boston 14, Massachusetts*

July 27, 1960

Miss Ruth Sleeper

Massachusetts General Hospital
Boston 14, Massachusetts

JUL 28 1960

Dear Miss Sleeper:

I have recently learned that nurses have made an inspection of our laboratories and have taken away equipment which they believe belonged in the operating rooms. This was done without any notification to me or my associates.

I think you can understand my feelings in this matter if you would put yourself in the same position where I or my associates would consider it proper to invade your offices at night or week-ends or in your absence, look over the equipment there and take away what we believed belonged elsewhere. I can well imagine what your reasonable response would be. Mine is the same.

For years surgical residents have on their nights off occasionally used our laboratory, with my permission, in order to practice vessel anastomoses in dead dogs and other technical maneuvers of a delicate nature. I have been very glad to have them do this. I do not doubt that from time to time these individuals probably did take from the operating room surgical instruments and then forget to return them when they had finished the work in our laboratory. I also know that a staff member of mine now long-since departed was downright careless about such matters. From time to time others in our Department doubtless have been. I share the concern of the nursing service as to preservation of Hospital equipment. When such things as I have mentioned occur I think they are almost always due to carelessness, occasionally perhaps worse. I do not agree that the proper solution of this problem is through clandestine raids by the nurses in a department where they have no business to be. It seems to me that the proper approach to this problem would be for administrative officers to make inspections of a given laboratory with the concurrence and company of the Chief of Service or any of his associates he might designate, to look for lost equipment.

At least one of your own senior nurses has boasted of the success of the operation. The procedure as carried out is like that of a police state; it has no place in the Massachusetts General Hospital.

I request from you a note stating that this will never happen again.

Very truly yours,

Henry K. Beecher

Henry K. Beecher, M.D.

HKB:rs

July 30, 1960

Henry K. Beecher, M.D.
Massachusetts General Hospital
Boston, Massachusetts

Dear Dr. Beecher:

Thank you for telling me of your concern over the nurses who went into the Anesthesia Laboratory without official escort from your Department.

I quite agree with you that this is not a proper way for the nurses to conduct their searches. I am sure you also agree with me that nurses find themselves in extremely difficult positions when they are lacking tables and these tables have been taken and kept for a period of time in another unit of the hospital.

I have talked with Miss Coghlan who assures me that when it is necessary to search for equipment, the nurses will ask the proper member of your Department for permission and to stay with them during the "search."

I sometimes wonder if the doctors have any idea how many times they put us in an embarrassing situation when instruments, tables and other equipment are taken so freely from the Operating Room. The same is true for the Hospital Family as a whole. It is not surprising even for us to go to a classroom in the morning to find all of our chairs have disappeared. Two wrongs never make a right, we know; and therefore, we will do our best to see that no one goes unattended into your Laboratories for equipment.

Will you help us to keep our bargain by assuring that your men will not take Operating Room tables or other equipment from the Operating Room.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:jr



EDWARD B. BENEDICT, M.D.

*Assistant Clinical Professor of Surgery
Endoscopist*DEPARTMENT OF SURGERY
*Massachusetts General Hospital
Boston 14, Massachusetts*

October 6, 1960

Miss Ruth Sleeper
White 1
MGH

Dear Miss Sleeper:

In the White 3 Operating Room I am being told repeatedly that the nurses "hate" Endoscopy. I think this is very unfortunate and I believe the chief reason is because they are not there long enough to even know the names of the many special instruments or the usual Endoscopy procedures. Naturally they are frustrated and so am I when they are unable to hand me an instrument which I request. I do not believe this is fair to the nurses or to the patient. It should be remembered that many of our patients are awake and are intelligent people from the Phillips House and Baker as well as from the General Hospital, some of whom can readily sense the fact that things may not be going smoothly. I wonder how one of our trustees would feel if he were the patient subjected to endoscopy with an inexperienced or totally new endoscopy nurse and orderly. Endoscopies are very special procedures requiring entirely different technique than is used in most operating rooms. I can see no advantage in trying to train a series of nurses in assisting at a few endoscopies. The Endoscopy Clinic was running very smoothly and satisfactorily a number of years ago when we had permanent attendance by a graduate nurse attached to the Clinic for a good many months or even more than a year. I refer especially to Miss Acker, Miss Levine, and others who not only learned the names of all the instruments and the techniques to be executed but also were trained in taking good care of these very delicate and expensive forceps, telescopes, etc.

I believe Miss Coghlan, Mrs. Chase, and Miss Kepke are doing the best they can with limited and constantly changing personnel. There seems to be insufficient time for good care and inventory of instruments,

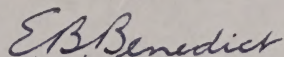
Miss Ruth Sleeper

Page 2

October 6, 1960

many of which are "borrowed" and not returned or damaged by careless handling. In the 150th Anniversary Program Mr. Francis Gray states the "ultimate goal is always the same - to furnish the best possible care for the sick." It is obvious that the best possible care for the sick cannot be given in the special field of Endoscopy with constantly changing personnel.

Sincerely yours,

A handwritten signature in cursive script, reading "E.B. Benedict". The letters are dark and fluid, with a prominent "E" and "B" at the beginning.

Edward B. Benedict, M. D.

EBB/jm

August 18, 1960

Earle M. Chapman, M. D.
275 Charles Street
Boston 14, Massachusetts

Dear Dr. Chapman:

Thank you very much for giving me the opportunity to try to help with this problem of fluid taken with the dye for the Graham Test. Mrs. Braman is already at work to try to be sure that there will be no more such instances. We have suggested that she place one of our own small green folders on each ward and nurses all know it is there. This, I think, you will find is quite clear in respect to the amount of water to be taken.

I think it is very possible that the confusion came from the directions given on the dye where it says in item three "--with a total of at least one full glass of water." It is very possible that the nurse became confused there and tried to force fluids to the patient rather than giving just a sip of water. There is also a set of directions on the ward, enclosed, where item four says "--at five-minute intervals with a total of at least one full glass of water." This corresponds almost exactly to the wording on the medication itself which is somewhat different from that in our folder put out by the X-Ray department with the assistance of one of our nurses who worked with them.

We are always glad to have this kind of help from the doctors so that we may, whenever possible, avoid a repetition, to the annoyance of another doctor, and to the possible detriment of another patient.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:td

*Miss. Robinson
did you know about
this?*

*Return by Wed.
to E.S.D.*

AUG 13 1960

EARLE M. CHAPMAN, M. D.
275 CHARLES STREET
BOSTON 14, MASSACHUSETTS

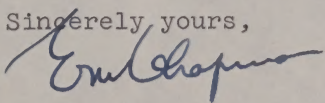
August 15, 1960

Miss Ruth Sleeper
Dept. of Nursing

Dear Miss Sleeper:

On two occasions patients with heart disease who have been ordered to have a Graham test for their gall bladder, have been given instructions by the nurse to drink a glass of water with each dye tablet at five minute intervals. This constitutes a severe water load on the heart and in one instance precipitated acute pulmonary edema. In the last example on Mr. MacIntosh, now in room 815 in the Baker, it did no more than upset him and cause a watery diarrhea.

It does seem that some instruction to the nursing staff on this small point would help avert such disregard of physiologic procedures.

Sincerely yours,


Earle M. Chapman, M.D.

EMC:n

August 15, 1900

Miss Ruth Bleeker
Dept. of Nursing

On two occasions patients with heart disease who have been ordered to have a certain diet for their heart disease have been given instructions by the nurses to drink a glass of water with each meal and to take a glass of water. This constitutes a severe water load on the heart and in one instance produced acute pulmonary edema. In one last examination Mr. Watson, now in room 112, who is known to be old and more than 60 years of age, had a massive dilatation of the heart and lungs.

It does seem that some restriction to the nursing staff on this point would be very wise and of physiological importance.

Sincerely yours,

E. W. M. Graham, M.D.

Enc.

March 21, 1961

Henry K. Beecher, M. D.
Chief, Anesthesia Service
Massachusetts General Hospital

Dear Dr. Beecher:

Thank you very much for your letter telling us that we need no longer remove the "war paint" from the patients going to the operating room. This was a rule made long ago by the surgeons. I presume none of us had stopped to think that today there are more refined ways of judging the patient's condition, so we have continued to follow the old, out-dated regulation. Both for the sake of the patient and for the sake of the nurse, we are delighted to comply with the new directive. It will help the morale of everybody. Thank you very much.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

A close-up photograph of a page from an old manuscript. The page is heavily stained and discolored, with a diagonal crease visible. The text is written in a cursive script, likely from the 15th or 16th century. A large, ornate initial 'K' is visible in the upper left corner, rendered in red ink. The rest of the page contains several lines of text, also in cursive, though they are difficult to read due to the poor condition of the manuscript.

REED HARWOOD, M. D.
WARREN BUILDING, SUITE 1109
275 CHARLES STREET
BOSTON 14, MASSACHUSETTS

JAN 31 1962

January 30, 1962

Ruth Sleeper, R.N.
White 1

Dear Miss Sleeper:

I would like to call to your attention a silly little error or superstition (I don't know exactly what to call it) that persists on the nursing service which, I am sure you will agree, should have long ago outgrown this. It has to do with putting a sign saying NPO on the door of the patient who is to have a fasting blood sugar the next day. The objection to this from my point of view is that the night nurse takes this sign literally and will not allow my patient to have a couple of aspirin or some other oral medication that is indicated, and on rare occasions will refuse water to a dehydrated patient who needs it, thus actually doing the patient harm and increasing an already undesirable state. From your point of view the objection should be that NPO is an order which is not indicated, or intelligent or reasonable for the simple reason that water and most drugs that patients might need during the night do not alter the level of the fasting blood sugar.

I think it might be worthwhile for me to illustrate, quoting to you a recent conversation, not the first of its kind. I brought the NPO sign to the head nurse and said, "what was this on my patient's door for?" She said, "Well, the patient had a fasting blood sugar ordered." I said, "All right, supposing this patient needed some aspirin during the night, would you have allowed him to have it?" There was a pause while the nurse thought this out. Meantime, all the other graduate nurses and a couple of student nurses had gathered around, obviously interested in this puzzling business. She replied, "Well, ah, yes. I think I would let the patient have the two aspirin, if I were the night nurse, but I certainly wouldn't let him have the full glass of water." "Why not?", I asked next; and she said, "because it says NPO." "Well", I said, "Do you think a full glass of water would alter the blood sugar?" "Well", she said, "that's a funny thing that I have been puzzled about, because at other hospitals we always allowed the patient to have water, but it is the custom here not to give anything by mouth when a fasting blood sugar is ordered." The simple solution to this problem is to have a card which says - "Nothing with sugar in it after midnight", or "No food after midnight", or "No food except for insulin reactions".

This is all old stuff, and I'm sure you must have heard of it before. But I would not have you take my word for it: ask others, especially Dr. Lot Page who runs the Chem. Lab. And please, if all are agreed, make an effort to end this annoyance by seeing that the word gets passed down the line effectively, even to the lonely night nurse.

Yours sincerely,

Reed Harwood

Reed Harwood, M.D.

RH:mb

:TODG I S E L M - 0900

• 111 •

February 21, 1962

Reed Harwood, M.D.
Warren Building, Suite 1109
275 Charles St.
Boston 14, Mass.

Dear Dr. Harwood:

Thank you very much for calling our attention to the difficulty over the "Nothing by mouth." There are instances where we have had questions from individual doctors, but these we can take care of. We do not need to upset the plans for all doctors because a few have different directives.

We have already discussed this with the Assistant Directors of Nursing, and we will make every effort to see that it is properly taken care of. Again, my thanks for tipping us off to something which had gone askew.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

February 22, 1962

Dear Mr. [Name]
[Address]
[City]
[State]
[Zip]

I am very glad to hear that you are interested in the
[Topic] and that you are planning to visit [Location].
I am sure you will find it very interesting and
enjoyable. I will be glad to provide you with
all the information you need.

It is very important that you arrive on time and
bring with you all the necessary documents.
I will be glad to assist you in any way I can.
We are all looking forward to your visit.

Sincerely,
[Signature]

Enclosed
[Name]
[Address]
[City]
[State]
[Zip]

Very
[Signature]

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

IN BELMONT
MCLEAN HOSPITAL

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

January 16, 1962

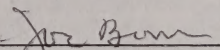
TO: Miss Ruth Sleeper

FROM: Joseph S. Barr, M.D.

JAN 22 1962

You may not have seen the attached Brochure on Liberty Mutuals The Rehabilitation Nurse. Apparently the Home Office Rehabilitation Unit Nurse is an M.G.H. graduate.

I suspect that you may be asked to find increasing numbers of well qualified M.G.H. graduates as the years go by. *for such positions,* If that surmise proves to be correct you will need to make a "mental review" of your present training program to see if it needs any changes. The rehab nurse is a kind of public health nurse I suppose.


Joseph S. Barr, M.D.
Chief - Orthopedic Service

JSB:jmk

February 2, 1962

Joseph S. Barr, M. D.
Chief - Orthopedic Service
Massachusetts General Hospital
Boston 14, Mass.

Dear Dr. Barr:

Thank you very much for the copy of the Liberty Mutual's
The Rehabilitation Nurse.

We are trying to add to our teaching to include the principles and some of the practices of rehabilitation, not only because we see this as a coming field, but because we realize that so many of the patients in all of our wards could benefit if more elements of rehabilitation could be included in their care. We are all too aware of the fact that sometimes, even in a period of shortage, nursing tends to make the patient more dependent rather than to encourage self-help, and so this particular facet of recovery. I am sure that for the student nurses the Curriculum Committee is already at work on this problem and will be glad for any further suggestions. For graduate nurses the In-service Education Program is keeping this very much in mind.

We have a plan now getting under way, prepared by the nurses in the White building, for an interchange of nurses between wards, in order that the learnings on one particular service can be carried to and used on another service. Nurses are quite enthusiastic about this plan now, although heretofore they had not only failed to welcome it but objected strenuously to it. Miss Corbett has done a very good job in showing them the benefits which can accrue in setting up a plan which they believe will be rather exciting.

In a sense we are seeing from our point of view a little less difference between the public health nurse and the hospital nurse today. As we have tried to set up the referral plan to encourage continuity of care, the hospital nurse must become more concerned about care in the home. Therefore rehabilitation again becomes an important factor.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RC:BF

January 2, 1932

George A. Burt, Jr.
Chief, Bureau of Service
U. S. Department of Justice
Washington, D. C.

Dear Mr. Burt:
I have the honor to acknowledge the receipt of your letter of January 2, 1932, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

As you are aware, the Bureau of Service is a very busy organization, and it is not possible for us to handle all the requests for service which are received. We are, however, doing our best to handle all requests as quickly as possible. In the case of your request, we are sorry that we cannot give you a more definite answer at this time. We will, however, continue to keep your request under consideration and will advise you as soon as a final decision has been reached.

I am sure that you will understand the necessity for this delay. We are very sorry that we cannot give you a more definite answer at this time, but we are doing our best to handle all requests as quickly as possible. We will, however, continue to keep your request under consideration and will advise you as soon as a final decision has been reached.

I am sure that you will understand the necessity for this delay. We are very sorry that we cannot give you a more definite answer at this time, but we are doing our best to handle all requests as quickly as possible. We will, however, continue to keep your request under consideration and will advise you as soon as a final decision has been reached.

Sincerely,
[Signature]

Very truly yours,
[Signature]
Chief, Bureau of Service
U. S. Department of Justice
Washington, D. C.

Massachusetts General Hospital

Boston 14 FEB - 8 1962

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN BELMONT
MCLEAN HOSPITAL
ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

February 6, 1962

Miss Ruth Sleeper, R. N.
Director of the School of Nursing
and Nursing Service
Massachusetts General Hospital

Dear Miss Sleeper:

Thank you for your note of February 2 concerning the rehabilitation nurses and also for your thoughts about training for M.G.H. nurses.

My orthopedic residents on White 5 have asked me to try to establish a program of diversional therapy for our orthopedic patients. I have already talked to Miss Wolf about this and I hope that something can be done on White 5 which will not only be interesting for the patients but will be therapeutically helpful. I would be glad to talk with you further about this matter at any time.

Sincerely yours,

Joe Barr
Joseph S. Barr, M.D.
CHIEF ORTHOPEDIC SERVICE

am

February 23, 1962

Joseph S. Barr, M. D.
Chief Orthopedic Service
Massachusetts General Hospital

Dear Dr. Barr:

We have several groups at work on the question of diversional therapy for the patients on White 5. I am wondering if your residents have talked with the head nurses and the supervisor there? Perhaps Miss Corbett, the Assistant Director in the White Building, would be the best one to bring things together for you, so that you can see the efforts which the Ladies Visiting Committee, with the Volunteer Service and with the Nursing Group, have been for some time making to establish a plan for the White 5 patients. There is no question of the need, the question is how it can be best developed and maintained.

If you would like to talk with me about the matter I would be glad to plan my time to meet yours.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

9529

February 12, 1962

Dr. John Knowles
Massachusetts General Hospital

Dear John:

You asked me the other day what I thought of the MGH. Well, I think it is a wonderful institution. One of the factors responsible for its greatness is the people who work in it. The one group which I want to focus on in this letter is the nursing staff. I need not discuss their tremendous value in the overall care of the patient. In the 3 to 11 evening supervisors at the Baker and the General, you have a wonderful group of nurses -- patient devoted, tolerant, sympathetic and full of humanity. I need not mention their names, this is a matter of record. This praise should probably include the P. H. nurses but my relationship with them has been too inadequate for an accurate appraisal.

It is distressing to go around the Baker at night and to find a shortage of floor nurses. I am sure the administration is aware of this, but something must be done about it and soon. Improper medications, lack of medications, etc. are a matter of record. This is solely due to a lack of nurses, not the quality of those present. These days, if a patient is really sick in the Baker, one must get a private nurse for adequate care. This is a financial burden to most patients. This problem which is due, in a large share, to the increasing complexity of medical care, must be met and straightened out even at a financial strain to the administration. A secretary, high school level, might be placed on major floors in the evening to answer phones, paste in slips, etc. This would be of tremendous help, I think.

Yours,

Farahe Malcoof, M.D.

FM:lr

cc: Dr. Paul Newmann
Baker Staff Committee
Chief Nurse
Miss Ruth Sleeper

1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 26

THE UNIVERSITY OF CHICAGO

February 21, 1952

Farah Maloof, M. D.
Massachusetts General Hospital

Dear Dr. Maloof:

Thank you very much for sending me a copy of your letter to Dr. Knowles. You are right in everything you said. We, too, in Nursing are equally distressed. There has been a great increase in the amount of nursing needed during the evening and night periods, the two times when it is most difficult for us to get nurses.

Although we are way over our budget at the present time, the Administration has not curtailed us and we are still trying to get nurses. The Personnel Office and we, ourselves, are making every effort. We are advertising in nursing magazines as well as in newspapers, we have had radio spot announcements, and we are to try in the next few weeks to do something on T.V. for this purpose. In short, we are doing everything we can think of to attract the attention of nurses to this as an interesting place in which to work.

I think at the present time I would be worried too lest there would not even be special nurses to give the care necessary at night. This group of nurses is decreasing, and not only decreasing in numbers but decreasing in ability to handle the type of medical orders and patient care needed by our patients all over the Hospital. The White Building especially has been short, and it is now running somewhat lower in numbers than is the Baker, so we have several places about which we are worrying and trying to change.

One thing which helps most at times of pressure like these is the understanding of the doctors. The nurses do try. If you will let them see you know this is true it will do much to hold morale and increase the effort.

Again my thanks. If you would like to come in at any time to talk with Miss Lepper or me please do not hesitate to do so. It would be very helpful to us.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:EF

cc: Dr. John H. Knowles

January 17, 1911

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 14th inst.

in relation to the matter of the proposed amendment to the charter of the City of New York, and in reply to inform you that the same has been referred to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
John W. Aldrich

Enclosed for you are two copies of the report of the Committee on the subject of the proposed amendment to the charter of the City of New York, and also a copy of the report of the Committee on the subject of the proposed amendment to the charter of the City of New York, and also a copy of the report of the Committee on the subject of the proposed amendment to the charter of the City of New York.

I am, Sir, very respectfully,
Yours very truly,
John W. Aldrich

Very truly,
John W. Aldrich

John W. Aldrich
Mayor of the City of New York

John W. Aldrich
Mayor of the City of New York

Massachusetts General Hospital

Boston 14

CABLE ADDRESS "MASSGENERAL"

IN BOSTON

GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

ELLSWORTH T. NEUMANN, M.D.
ADMINISTRATOR

IN BELMONT
MCLEAN HOSPITAL

ALFRED H. STANTON, M.D.
PSYCHIATRIST-IN-CHIEF

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

May 10, 1962

MAY 21 1962

Miss Ruth Sleeper
Director of the School of Nursing and Nursing Service
Massachusetts General Hospital

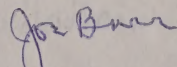
Dear Miss Sleeper:

A space assignment problem has arisen on White 5 in which plans to remedy the situation are blocked by the nursing departments unwillingness to allow Mr. Degan to make minor alterations in the linen room and the adjacent nurses teaching room which would maintain the teaching room as is except for the loss of eight square feet of space, which when added to the present closet in the teaching room should be adequate for a linen room. This would free up the present linen room for use as a service administrative office.

We must have additional administrative space on White 5 and this seems to me and my staff who have surveyed the situation with Mr. Degan to be the most practical solution.

I would be glad to go over the situation with you at your convenience, and would prefer to do that rather than put in a formal request through G.E.C. for approval of our request.

Yours sincerely,



Joseph S. Barr, M.D.
CHIEF ORTHOPEDIC SERVICE

jmk

May 22, 1962

Joseph S. Barry, M. D.
Chief Orthopedic Service
Massachusetts General Hospital

Dear Dr. Barry:

Your letter dated May 10 arrived in my office only yesterday, May 21.

We have gone over this problem carefully with Mr. Degen, and we feel that we cannot give up the present linen closet, or adjust our present office and teaching room in such a way as to remove any space, even a few square feet. I appreciate your need for space. When the White Building was planned we designed what we felt would be the necessary space for the years to come. The increase in the use of disposable supplies, and the increase in equipment because of the changes in medical practice are beginning to crowd our present storage closets.

If it would be helpful to you I should be glad to meet with you and Mr. Degen, or Dr. Knowles, or the G. R. C.

Sincerely yours.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

c.c. Dr. Knowles

